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**INTERNATIONAL RESCUE COMMITTEE
MALI PROGRAM**

QUARTERLY REPORT

Integrated Program to Increase Resilience of Vulnerable Populations in Mopti, Gao and Kidal Regions

(CONTRACT NO: AID-OFDA-G-14-00098)

PRESENTED TO:

**THE USAID OFFICE OF FOREIGN
DISASTER ASSISTANCE**

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I. Executive Summary

PROGRAM TITLE:	Integrated Program to Increase Resilience of Vulnerable Populations in Mopti, Gao and Kidal Regions
PROJECT NO:	AID-OFDA-G-14-00098
AGENCY:	International Rescue Committee (IRC)
COUNTRY:	Mali
REPORTING PERIOD:	January 1- March 31, 2015
GOAL:	Vulnerable individuals, households and communities in the Gao, Mopti and Kidal regions of Mali have increased resilience through enhanced capabilities and resources, assisting them to manage shocks, change, and thrive in the face of adversity.
OBJECTIVES:	<ol style="list-style-type: none">1. To increase knowledge and awareness on GBV and Child Protection; improve access to psycho-social services; support and advocate for protection and promotion of the rights of children and women.2. To increase access to basic water and sanitation facilities, to promote awareness to control and prevent WASH related diseases and to promote resilience for future shocks.3. To increase awareness, knowledge, create behavior change, and advocate on nutrition issues for communities and authorities.4. To enhance women's livelihoods through a pilot program of direct support using VSLA methodology and business skills (including literacy and numeracy).
BENEFICIARIES:	Total targeted: 75,268 Protection: 9,658 WASH: 22,916 Nutrition: 7,555 Early Recovery and Market Systems: 4,815 IDP beneficiaries: 7,500 (estimated 10% of total beneficiaries) Individuals affected in target area: 1,090,641
LOCATION:	Mopti, Gao and Kidal Regions
DURATION:	18 months (July 1, 2014 – December 31, 2015)
SUMMARY:	

The security situation remained volatile in the different intervention sites (Ansongo, Douentza, and Kidal) throughout the reporting period: both MINUSMA and ICRC were attacked on the Gao-Ansongo axis; the city of Boni was attacked; and there were also repeated attacks in the outskirts of the city of Kidal led by armed groups. The IRC was actually directly threatened in March, as one of its rental vehicles was taken by armed bandits while it was transporting GBV staff on the Menaka-Tagalalte axis. The staff were unharmed, but this led to a suspension of activities for two weeks. This limited the IRC's access to certain areas and slowed down the implementation of activities. Nevertheless, the IRC was able to complete most of its WASH rehabilitations and constructions in health and protection centers, reaching 6,300 people. VSLA microfinance activities have played an unexpected role in relieving tensions between women (between those who are pro-

MNLA and those who are pro-government) by giving them a space to discuss and work together towards common goals and activities. The IRC has surpassed its target of 7,555 beneficiaries for nutrition activities. This quarter alone, 8,950 people were reached and the IRC is planning to reach a wider audience through radio messages and animations during upcoming national campaign days.

II. Summary of Activities

Objective 1: To increase knowledge and awareness on GBV and Child Protection; improve access to psycho-social services; support and advocate for protection and promotion of the rights of children and women

Protection

Beneficiary numbers

Beneficiaries Targeted: 9,658 total direct beneficiaries, including 5,560 for Child Protection and 4,020 for Prevention and Response to GBV, and 78 government and IRC staff benefiting from trainings and support. Reached in the quarter: 8,533 total direct beneficiaries reached this quarter, including 6,291 for Child Protection, 2,194 for GBV, and 48 government and IRC staff.

Sub-sector 1: Child Protection

Trainings

132 people (75 men and 38 women) participated in child protection trainings during the reporting period:

- 40 people, including 15 women from local partner organizations were trained in Bamako and Ansongo by the IRC and focal points on psychological first aid. As a result of this training, participants will now be able to identify the signs evident in children that have been affected psychologically (due to stress, isolation, etc.) and offer them psychological assistance.
- 71 key people from different communities (community leaders, protection committee members, focal points, education actors) including 17 women participated in training on children's rights and child protection. The training, which was provided by IRC staff, will enable them to better understand the various abuses committed against children and are in conflict with local customs such as early marriage. This was an integrated training with the WASH team that provided training on various hygiene and sanitation practices.
- 21 IRC and partner organization (GSAD and CRADE) staff, including 6 women, were trained in Douentza and Ansongo on the commerce and trade package by the Livelihoods Officer to facilitate the training of identified beneficiaries for income generating activities in the different intervention sites.

Children's Clubs and Child Protection Committees

Three Children's Clubs were set up in Ansongo with 30 members (10 members per club), including 12 girls. A total of eight children's clubs with 80 members were established in Ansongo since the beginning of the project. In Mopti, two children's clubs for out of school children have been set up with 40 children, including 20 girls and three clubs for students were set up in schools.

In addition to the five child protection committees set up in Ansongo, eight protection committees (with 9 members per committee) were set up in Douentza and four in Kidal. These protection committees consist of various community and religious leaders, women representatives from associations, and neighborhood leaders to facilitate the implementation of community mobilization activities in different communities. They participated in the identification of various child protection risks and mitigation strategies.

Referral System

To encourage different communities to facilitate fast access to available services (such as health services, psychosocial support, socio-economic reintegration support, etc.) that are suitable for different protection cases, children from the children's clubs created child protection risk maps as well as maps service providers. These different tools will be disseminated in the next quarter.

Case Management

Based on the IRC's vulnerability criteria, 87 protection cases (58 girls and 29 boys) requiring case management were identified during this reporting period. This makes a total of 193 cases identified as part of case management program. These cases are divided between Ansongo (113 cases) and Douentza (80 cases). All these cases have already received at least one follow-up visit and have a management plan that was developed in collaboration with the family and the beneficiary depending on their age. Almost 40% of these cases were referred to the livelihoods team. All of these cases are benefitting from psycho-social support through life skills activities, family mediation or through recreational and creative activities in youth centers. During follow-up visits, it was noted that some of these children/youth require basic items such as soap, blankets, clothes, food, etc. Kits are being procured and will be distributed.

Psychosocial Activities

During the reporting period, psychosocial activities (games, dance, and theatre) reached 6,093 children and youth including 3,299 girls. Out of these 6,093 children and youth, 1,724 participated in psychosocial activities in the children's centers run by the local partners. During these activities, listening sessions were facilitated either by the staff of partner organizations or by the IRC to psychologically support children. These activities were held in communities and in 10 schools in Douentza, depending on the preferences of the children.

Awareness Raising

The IRC and partner organizations carried out various awareness-raising activities were held through community dialogues, mass awareness campaigns, and cooking demonstrations. The different topics covered included consequences of early marriage on the schooling of children and youth, physical abuse, and economic exploitation. Vulnerable young mothers also received messages on positive parenting practices. Members of the community, through the various key people such as community and religious leaders committed themselves to fight against these abuses and will in conjunction with the child protection committees and focal point promote a protective environment for children.

In order to avoid double counting, the IRC and the partner organization divided the sites, with the exception of Kidal where GARDL and the IRC team worked together. A total of is 4,324 people including 1,466 men, 2,455 women, 222 boys and 181 girls were reached through these activities. The figure is lower than the last quarter due to a more volatile security situation that restricted the movements of the teams.

Sub-sector 2: Prevention and Response to Gender-Based Violence (GBV)

GBV Prevention

Between January 15 and March 15 in Menaka (Menaka town, Inchinanane, Tagalalt, Anouzegrene), the GBV team conducted 22 awareness-raising campaigns through focus groups, sessions and workshops on the following topics: care services available for survivors, social cohesion and women's leadership, the importance of the tea rooms, obstacles faced by women in their decision to go to health centers (CSCoM), gender-based violence, and International Women's Day. These awareness-raising campaigns reached 1,640 people, including 1,232 women, 182 girls, 67 boys and 159 men.

International Women's Day was celebrated on March 8 in Menaka with the Women's Committee. A conference was held that included activities (singing, dancing, and plays) on social cohesion. A workshop was held on March 14 for 17 IRC staff to commemorate March 8 with the aim to train colleagues on the gender approach.

In January 2015, four IEC sessions were held for 113 people. 18 people (or 15%) demonstrated knowledge about existing services. During the month of March, seven IEC sessions were held with 1,309 people where 89 people demonstrated knowledge of existing services (6%).

Between February 15 and March 15 in Gao, the GBV team conducted eight sessions on protection issues (human rights, gender-based violence) that reached 521 people, including 352 women and 169 men.

Capacity Building

Between February 16 and 18, the GBV Manager conducted a training of trainers on clinical management of cases of sexual violence in Menaka with five health workers from the CSCoM of Inchinanane, Anouzegrene, Tabankort and Tagalalt, 2 staffs from IRC's health program, and 3 staffs from IRC's GBV program. The objective was to develop a pool of local trainers in

GBV program intervention sites, who will then be able to train their colleagues on psychosocial and medical case management to increase the overall quality of clinical care for survivors. During the next quarter, a guidance plan will be developed for each CSCoM by GBV staff and the training participants.

From March 2 to 3, 24 women from the Women's Committee of Menaka received a training led by the GBV officer on leadership and social cohesion. This training was given in response to a request from the women to strengthen social cohesion links between them due to growing political tensions among them (between those who are pro-MNLA and those who are pro-government).

As part of GBV activities in Gao, the IRC signed a partnership agreement with the local NGO, CRADE. The IRC provided training to 14 CRADE staff (including 10 women) in March on the basic concepts of GBV. Thanks to this training, they are now equipped to carry out awareness raising activities and refer cases to the Children's Center overseen by CRADE. They will work in the five neighborhoods of Gao city.

GBV Response

During this quarter, the team recorded 16 cases of GBV in Menaka, including 6 cases of emotional abuse, 1 case of forced marriage, 6 cases of physical assault, 1 case of sexual assault, 1 case of rape and 1 case of denial of resources. All cases received counseling and the one case of physical assault was referred by a CSCoM to the GBV team. The cases of sexual abuse were further referred on to health centers for care.

14 GBV cases were recorded in Gao, among them 2 cases of physical abuse and 12 cases of rape (all minors). 10 survivors were referred by CRADE to GREFFA (not an IRC partner, but instead funded by UNFPA) for medical and legal support. The rapist was arrested by the police following a complaint of the parents. The remaining four cases did not wish to receive care.

As part of the GBV case management intervention within the communities, a platform for local management was set up with the backing of community leaders in Tagalat with seven community members to identify and refer GBV cases. These seven members (6 women and 1 man) include 3 volunteers, 1 traditional midwife, 1 matrone, 1 merchant and 1 health volunteer. They will work every Friday to raise awareness and identify cases and refer them to the GBV program. Platforms in Inchinane, Tabankort, and Anouzegrene will be set up by GBV staff next quarter. This will facilitate the implementation of prevention and response activities, while limiting the number of trips the IRC teams has to make, which has become increasingly dangerous due to the deteriorating security situation.

Sub-sector 3: Protection Coordination, Advocacy, and Information

Child Protection Coordination

Child protection activities have been integrated with WASH activities through joint awareness-raising activities. This is the case, for example, in the Children's Centers of Douentza and Ansongo where the WASH team did some construction and rehabilitation work and led awareness-raising sessions on hygiene with the Child Protection team. Child Protections activities have similarly been integrated with the GBV component.

At the Sub-Cluster level, the IRC is active and works in collaboration with the National Division in charge of the protection of women and children. A national validation workshop at the government level is expected to be held in April 2015 to approve all the case management tools developed by humanitarian actors. This workshop will be followed by a workshop on the structuring of actors who will be in charge of managing the CPIMS database and to establish an action plan to pass on the leadership of the database to the government.

Early/Forced Marriage Working Group

Mali was selected as one of the countries to participate in the African Union's campaign against child marriage after the First Lady's attendance at the 14th General Assembly of the OPDAS (Organization of African First Ladies against AIDS) in Addis Ababa. A campaign to fight against early marriage is expected to be launched in Mali in May 2015.

UNICEF, UNFPA, Plan Mali, World Vision, Save the Children and the IRC plan to have a working group in April 15 to start working on the campaign. A meeting was held in March with the Minister for Women, Family and Children to facilitate coordination for better organization of the campaign.

GBV Information Management System (GBVIMS)

15 national and international NGOs, including the IRC, have signed a protocol for the sharing of information related to GBV. Collection and monitoring tools were shared with each NGO and collection officially started on March 1 and is done on a monthly basis. UNFPA has taken the lead of this initiative, with the support of UNICEF.

Objective 2: To increase access to basic water and sanitation facilities, to promote awareness to control and prevent WASH related diseases and to promote resilience for future shocks.

Water, Sanitation, and Hygiene (WASH)

Beneficiary numbers

Beneficiaries targeted: 22,916 direct beneficiaries, including 10,728 in and outpatients with access of WASH facilities rehabilitated in 3 CSCom, 11,298 people through hygiene education, 800 children benefiting from rehabilitated WASH facilities in child centers, and 90 people receiving training through the project. Reached in the quarter: 6,300

Sub-sector 1, 2 & 3: Sanitation Infrastructure; Environmental Health; Water Supply Infrastructure

Rehabilitation/Construction of Women and Children's Centers

- Menaka Women's Center: The IRC plans on constructing two latrine blocs, a shower, and water point and installing a hand washing station in each latrine bloc. To date, these activities have not started. The tender process was launched on February 6, but was unsuccessful. After a limited tender process, a construction company was finally selected. Work is expected to begin in April.
- Gao Children's Center: The IRC plans on constructing two latrine blocs (with hand washing stations), rehabilitating two showers, and constructing a water point. Work began on March 16 and is expected to be completed by the end of April.
- Douentza Children's Center: The IRC plans on constructing two latrine blocs with three stalls and rehabilitating two latrine blocs with two stalls as well as a water point. Work began on February 9 and should be completed early May. Hygiene and child protection messages will be painted on the walls of the latrines.

Rehabilitation/Construction of Health Centers

- CSCom of Douentza: The IRC plans on constructing one bloc of latrines with two stalls and installing an incinerator, ash pit and waste bin. To date, the latrine has been built and the incinerator installed.
- CSCom of Boni: The IRC plans on connecting the CSCom to the city's water network, construct a latrine bloc with two stalls, and rehabilitate a latrine with three cabins. The work is almost complete with only the rehabilitation of the latrine bloc remaining.
- CSCom of Deberé: The IRC plans on rehabilitating the water supply system and setting up a biomedical waste disposal area with an incinerator, ash pit, and bin. To date, the solar water supply system has been repaired thanks to a new pump and two new solar panels. The tank was repaired and an additional valve was installed in the delivery room. The site was originally too small to set up the biomedical waste disposal system. Additional land has been procured thanks to discussions with the health center director and community members. The disposal system has since been set up on this adjoining land.
- CSCom of Dallah: The IRC plans on connecting the center to the city water supply system, constructing a latrine bloc with two stalls, and setting up a biomedical waste disposal area with an incinerator, ash pit, and bin. The work is almost complete and two valves, including one in the delivery room, were installed. The latrine was also built.

Sub-sector 4: Hygiene Promotion

Eight hygienists from four CCom (Debere, Dallah, Douentza and Boni) were trained on the management of biomedical waste (see training module and related training report). The team also installed hygiene kits in each health center (made up of hand washing devices and soap).

The local partner, ADDA, developed a data collection and monitoring sheet (see annex) to allow better tracking of behavior changes in the villages and community health centers, especially following the community led total sanitation (CLTS) activities. ADDA conducted awareness raising sessions on hygiene and hand washing in Douentza district, 12 villages, 4 CCom and 1 Protection Center. These 17 structures have management committees and training on hygiene promotion will continue using the CLTS approach.

Objective 3: To increase awareness, knowledge, create behavior change, and advocate on nutrition issues for communities and authorities.

Nutrition

Beneficiary numbers

Beneficiaries targeted: 7,555 direct beneficiaries, including 200 women receiving IYCF counseling, 55 Community Health Workers supported, and 7300 people receiving behavior change intervention. Reached in the quarter: 8,950 direct beneficiaries, 87 Community Health Workers supported, and 8,863 people receiving behavior change intervention

Sub-sector 1: Infant and Young Child Feeding (IYCF) and Behavior Change

The location of the counseling center has been changed to the Reference Health Center (CSRef) instead of the Women's Health Center (GBV program) as initially planned. This choice was made to ensure a better follow up of pregnant and lactating women attending the CSRef for pre and post natal consultation as well as delivery. Discussions are still ongoing with the CSRef for the implementation of this activity.

Community health workers conducted awareness-raising sessions on Infant and Young Child Feeding (IYCF). Main topics developed were about early breastfeeding the first hour after birth, exclusive breastfeeding, and complementary food. The IRC plans to implement awareness-raising activities for a wider audience through radio messages and animations during national campaign days. At this stage, two radio stations have been identified and message broadcasting will start next quarter. For campaign days, the breastfeeding week (in early August) was chosen in collaboration with the CSRef and specific awareness messages and advocacy will be developed.

Sub-sector 2: Management of Moderate Acute Malnutrition (MAM)

As explained in the proposal, management of Moderate Acute Malnutrition (MAM) is currently being undertaken through an ECHO-funded program that started in June 2013 and ends in March 2015. This project will continue through a 7 month project funded by ECHO from April 2015 to October 2015. The OFDA-funded project complements the ECHO project through community based management activities, such as training and follow up of Community Health Volunteers (CHV) in charge of active screening, referral and sensitization.

During this reporting period, among the 105 trained CHVs trained last quarter, only the 55 CHVs from the functioning health districts provide regular data of their activities to the Community Health Center (CCom). In the health areas without a functioning CCom ("aires de sante non fonctionnelles"); in Alata, 18 CHWs still need to be trained, the training will be conducted next quarter. In these districts, CHW activities are less regular due to absence of a CCom and authorities to report to. Only the IRC mobile health team can collect data during their activities. In addition, during the month of March, activities were limited due to insecurity.

During the reporting period, the CHWs organized awareness raising sessions. The main topics covered were the signs and causes of malnutrition; malnutrition treatment; preventive health measures; and common pathologies. A total of 259 sessions were conducted for 8,776 people with an average of 33 people per session (45% (3,986) male and 55% (4,790) female).

6,042 children under five were screened by 87 trained community health volunteers in 11 health districts. Among them, 574 children have been identified as malnourished (464 MAM and 110 SAM) and referred to the nearest health center.

A total of 494 moderately malnourished children have been admitted in the supplementary feeding program (URENAM). The performance indicators of the MAM project are in the range of the recommended standards (>75% of cured rate, <15% of defaulter, <3% of death rate) with 89% of cured rate, 11% of defaulter and 0% death rate.

Sub-sector 3: Management of Severe Acute Malnutrition (SAM)

The management of Severe Acute Malnutrition (SAM) activities is also currently being undertaken through an ECHO-funded project since June 2013. The OFDA program complements the project with community based management activities, such as training and follow up of CHVs in charge of active screening /referral and sensitization.

A total of 199 severely malnourished children were admitted to the therapeutic feeding program (URENAS) during the reporting period. The performance indicators of the SAM project are in the range of the recommended standards (>75% of cured rate, <15% of defaulter, <10% of death rate) with 97% of cured rate, 3% of defaulter and 0% of death rate.

Objective 4: To enhance women's livelihoods through a pilot program of direct support using VSLA methodology and business skills (including literacy and numeracy).

Economic Recovery and Market Systems

Beneficiary numbers

Beneficiaries targeted: 4,815 direct beneficiaries, including 250 women of 10 VSLA groups; 500 young mothers and youth at risk; 4,000 beneficiaries of psychosocial activities at the Child Protection Centers; 50 members of the child protection community networks; 15 staff of DNPEF/DRPEF. Reached in the quarter: 2,001

Sub-sector 1 & 2: Microfinance & New Livelihoods Development

Youth & Livelihoods (Y&L):

The 100 children referred by the case management team for livelihood development received support in developing their action plans as well as a first follow-up meeting. They are currently receiving psychosocial support and will receive socio-economic support next quarter.

Of the 500 youth expected for the livelihood support:

- 472 youth (315 girls and 157 boys) have been identified for cash support to enhance their income generating activities: 100 youth are from Kidal (50 girls and 50 boys), 200 from Ansongo (131 girls and 69 boys) and 172 from Douentza (134 girls and 38 boys). They were identified with the help of the communities, according to a set of vulnerability criteria (orphans living with vulnerable elderly people, young mothers, etc.). A market study was conducted by the Livelihoods Officer in February with the participation of the beneficiaries. Training on small trade was then provided to the beneficiaries. These beneficiaries will review their support during the following quarter with the help of the IRC and its local partners.
- 28 youth (8 girls and 20 boys) were referred for vocational training including, hairdressing, carpentry, dressmaking, welding, and vegetable growing. All these young people are already placed in the various workshops for vocational training. The master craftsmen received training kits suited to their needs or their cash equivalent (approximately USD 80/child). At the end of the training, these youth will receive reinsertion kits.

As an indicator of collaboration between actors in the field, the IRC has referred four youth to the NRC training center in Douentza. They will receive carpentry training and the IRC will provide the necessary kits.

Microfinance:

The VSLA activity has been very successful with the women of Menaka. Currently, 16 women have borrowed money, with an amount ranging from 100 USD to 620 USD during the month of March. This activity has also been able to diffuse existing tensions between women (between those who are pro-Mali and those who are pro-MNLA), through group sessions where

they discuss their experiences and good practices. These women have also requested support in establishing or reinforcing their IGAs.

The IRC is also providing literacy classes to 124 women. Classes are convened twice a week for each group. At the end of the first quarter, students were assessed on their skills and 78.28% passed. For those who did not pass, follow up classes will be provided.

III. Indicator Tracking

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q3	Cumulative	Remarks
OBJECTIVE 1 Sector: Protection; Sub-Sector: Child Protection				
1. Number of people trained in child protection, disaggregated by sex	260 people (160 men and 100 women)	111 (32 women and 79 men)	176 (60 women and 116 men)	
2. Number of trained IRC staff and partners reporting an increased understanding of resiliency and case management steps and procedures.	100% of those trained (200)	100% of 40 staff (15 women and 35 men)	40	Pre and post test were done after the training
3. Number of children and caregivers reached by awareness sessions, by sex	35,000 (25,000 female, 10,000 male) approx.	4,324 (1466 men, 2455 women, 222 boys, 181 girls)	17,240 (2392 men, 3343 women, 5258 boys, 6247 girls)	
4. Number of children entered into CP IMS who receive an action plan and at least one follow up visit (OFDA)	1,300 (1,000 girls, 300 boys)	87 (58 girls and 29 boys)	193 (122 girls and 71 boys)	
5. Number of children participating in psychosocial activities (psychosocial centers and case management)	4,000	6,093 (3,299 girls and 2,794 boys)	9,518 (4,970 girls and 4,548 boys)	
6. Percent of children reporting improvements in resiliency and accessing services	80%	0	0	Will be reported at the end of the project

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q3	Cumulative	Remarks
OBJECTIVE 1 Sector: Protection; Sub-Sector: Prevention and Response to Gender-based Violence				
1. Number of individuals benefiting from GBV services, by sex (OFDA)	2,320 total (800 women, 720 girls, 400 boys and 400 men).	2161 (1 584 women, 182 girls, 67 boys and 328 men)	3,472	1,640 people from Menaka and 521 people from Gao
2. Number of people trained in GBV prevention or response, by sex (OFDA)	78 (GBV, health, child protection, and WASH staff and health center staff)	48 (41 women and 7 men)	70	
3. Number of CScOm and number of survivors who receive Post-rape Kits	8 CScOm/80 survivors	0/0	0/1	
4. Percent of community group sessions held where participants demonstrate knowledge of existing services, their importance and how to access these services by the end of project	75%	7,5%	107 people out of 1422 people	
5. Number of survivors referred by other services	400 survivors	30 cases: 6 cases of emotional violence, 1 case of forced marriage, 8 cases of physical aggression, 1 case of sexual aggression, 13 cases of rape and 1 case of denial of resources	35	16 GBV cases in Menaka and 14 cases in Gao

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q3	Cumulative	Remarks
6. Percent of health workers who have received training on the medical management of cases of sexual violence and have applied the standard protocols and put into practice GBV survivor-centered services	90%	90% received training on the medical management of cases of sexual violence	90%	6 health workers from 3 CSCom and 1 CSRef out of 7 identified
7. Women and girls in focus groups report increased safety and access to gender-based violence services	70%	0	0	Activities have not started
OBJECTIVE 1 Sector: Protection; Sub-Sector: Protection Coordination, Advocacy, and Information				
1. Number of people trained in protection, by sex (OFDA)	100	0	65	
2. Number of IRC led workshop sessions with Government and Protection cluster working group on Case management and IA CPMS	6 (quarterly)	1 meeting	7	
3. Number of community leaders who take action to reduce risk for women and girls (OFDA)	8	3 (2 Touloupe, 1 Tinabaw)	3	
TOTAL OBJECTIVE 1: Number of Beneficiaries Targeted: 9,658 Number of Beneficiaries Reached: 16,979				
OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Sanitation Infrastructure				
1. Estimate of the population served by the sanitation program (OFDA)	11,328	6,300	6,300	7 latrine blocs completed (6 in Douentza and 1 in the protection center in Gao)

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q3	Cumulative	Remarks
2. Number of hand washing facilities in use at target CCom	9	8	8	2 hand washing facilities were installed in each of the following CCom : Douentza, Boni, Dallah and Debere
3. Number of latrines at CCom completed and clean	3	3	3	The CCom of Dallah, Boni and Douentza now each have latrines
OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Environmental Health				
1. Number of people targeted by Environmental health program (OFDA)	10,728	6,300	6,300	This number includes people attending the health centers and the protection center in Douentza where latrine work and the water connections are completed. Numbers based off of the consultation registers for the months of February and March. The DTC consultation registers allowed behalf of the beneficiaries for the months of February and March 2015.
2. Number of CCom targeted by environmental health program	3	4	4	CCom of Boni, Dallah, Debere and Douentza
3. Number of CCom targeted for medical waste management	3	3	3	Supply and installation of incinerator and set up of the waste management area in the CCom of Douentza, Dallah and Boni
4. Number of visits where evaluation showed proper segregation and disposal of medical waste	3	0	0	Waste areas and the sorting bins were installed in March. Training will be provided to hygienists will be provided in April after which monitoring will begin.

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q3	Cumulative	Remarks
OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Water Supply Infrastructure				
1. Estimate of population served by water supply program (OFDA)	12,097	2,800	2,800	The CCom of Boni, Dallah, and Debere as well as the Gao protection center were connected to the city water supply. Figures represent admissions numbers for February and March.
2. Number of CCom targeted by water supply infrastructure	3	3	3	Water available in the CCom of Boni, Dallah and Debere
3. Number of water points developed, repaired or rehabilitated	5	4	4	1. Centre de protection Gao 2. CSCOM Boni 3. CSCOM Debere 4. CSCOM Dallah
4. Number of water points tested with 0 fecal coli forms per 100mL sample	5	0	0	Activity will begin next quarter
5. Number of child protection centers provided with access to potable water	2	1	1	Figure represents the protection center in Gao. The water connection work has not yet been completed for the centers in Douentza.
OBJECTIVE 2 Sector: Water, Sanitation, and Hygiene; Sub-Sector: Hygiene Promotion				
1. Number of people receiving hygiene promotion (excluding mass media campaigns and without double-counting) (OFDA)	22,916	6,300	6,300	People reached through hygiene promotion activities led by ADDA
2. Number of artisans trained on repairs and maintenance	6	0	0	6 artisans have been identified, training will be held next quarter.
3. Number of water points that are clean and protected from	5	5	5	During this quarter, four water connections were made from a community

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q3	Cumulative	Remarks
contamination				protected system and the water point of the Debere CScCom was rehabilitated.
4. Number of community outreach workers trained in hygiene promotion	28	17	17	
TOTAL OBJECTIVE 2: Number of Beneficiaries Targeted: 22,916 Number of Beneficiaries Reached: 6,300				
OBJECTIVE 3 Sector: Nutrition; Sub-Sector: Infant and Young Child Feeding and Behavior Change				
1. Number and percentage of infants 0-<6 mo. who are exclusively breastfed (OFDA)	Information will be available through the baseline and end line survey	0	0	Activities will begin during Q4 for Menaka city
2. Number and percentage of children 6-23 months of age who receive foods daily from 4 or more food groups (to achieve minimum dietary diversity)	Information will be available through the baseline and end line survey	0	0	Activities will begin during Q4
3. Number of CHWs trained and supported (total and per 10,000 population within project area), by sex	55	87	87	
4. Number of people receiving behavior change interventions, by sex and age	7,500	8,863	13,232	
OBJECTIVE 3 Sector: Nutrition; Sub-Sector: Management of Moderate Acute Malnutrition (MAM)				
1. Number of health care providers and volunteers trained in the prevention and management of	55 (50% male, 50% female)	0	87	55 already trained in Q1 + 32 trained in Q2 (the previous report has mistakenly said 50 trained)

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q3	Cumulative	Remarks
MAM, by sex				
2. Number of Moderate acute malnourishment cases screened at community level by CHWs (identified as malnourished and referred to health facilities)	700	464	686	
OBJECTIVE 3 Sector: Nutrition; Sub-Sector: Management of Severe Acute Malnutrition (SAM)				
1. Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and age (ODFA)	55	0	87	55 already trained in Q1 + 32 trained in quarter 2
2. Number of severe acute malnourishment cases screened at community level by CHWs (identified as malnourished and referred to health facilities)	350	110	178	
TOTAL OBJECTIVE 3: Number of Beneficiaries Targeted: 7,555 Number of Beneficiaries Reached: 13,319				
OBJECTIVE 4 Sector: Economic Recovery and Market Systems; Sub-Sector: Microfinance				
1. Number of people, by sex, or MSEs newly receiving financial services or continuing to receive financial services due to USAID/OFDA support (OFDA)	250 women	124	124	4 groups of 25 women and 1 group of 24 women
2. Percentage of financial service accounts/groups supported by	85%	50%	50%	5 VSLA have been put in place in Menaka

Table 2: Objective Achievements for Project by Indicator

Indicator	Target	Actual Q3	Cumulative	Remarks
USAID/OFDA that are functioning properly (OFDA)				
3. Total USD amount channeled into the program area through sub-sector activities (OFDA)	\$1,000	\$3,439		
OBJECTIVE 4 Sector: Economic Recovery and Market Systems; Sub-Sector: New Livelihoods Development				
1. Number of people assisted through new livelihoods development activities, disaggregated by sex (OFDA)	4,565	1, 877 (903 girls, 821 boys, 58 men and 95 women)	1,877	-1,724 children received psychosocial support in the children's centers supported with IGAs. - 153 protection committee members who assist with activities in the center
2. Number of new MSEs started (OFDA)	250	124 women	124 women	
3. Percentage of people, disaggregated by sex, continuing in their new livelihoods by program completion (OFDA)	70%	0	0	
4. Total USD amount channeled into the program area through sub-sector activities (OFDA)	\$51,000	0	0	
TOTAL OBJECTIVE 4: Number of Beneficiaries Targeted: 4,815 Number of Beneficiaries Reached: 2,001				
TOTAL PROJECT : Number of Beneficiaries Targeted: 75,268 Number of Beneficiaries Reached: 38,599				

IV. Constraints, Challenges and Lessons Learned

The security situation remained volatile in the different intervention sites (Ansongo, Douentza, Kidal): both MINUSMA and ICRC were attacked on the Gao-Ansongo axis, the city of Boni was attacked, and there were also repeated attacks in the outskirts of the city of Kidal led by armed groups. This has limited the IRC's access to certain areas and slowed down the implementation of activities.

Baseline

Due to the constantly evolving security situation in Menaka, it has been challenging to gather the final elements (chiefly health/nutrition data) for the baseline study. In order to overcome these challenges, the M&E team will couple its evaluation with nutrition activities and teams that are well accepted by the communities. Collection tools have been revised to allow for a retrospective study of the situation before the beginning of the project. The nutrition team will thus take the lead on collecting data concurrently with their day-to-day activities in the communities and health centers. The first week of May will be dedicated to the training of the team after which they will be able to collect data gradually over the month.

Gender Based Violence

A major challenge for the GBV team was the low attendance number of women and girls in the health centers for general care or during pregnancy. Thanks to joint missions with the IRC's health team to encourage and sensitize communities on the importance of going to the CSCoM, the team has noticed an improvement in attendance numbers and visits. In Inchinanane, for example, from March 2014 to March 2015, the rate of attendance at CSCoM significantly increased, with an average of 10-13 prenatal consultations per month and with an annual total of 39 assisted deliveries. This is partly a result of the many awareness campaigns conducted by the IRC GBV and Health teams.

WASH

During the quarter, the main challenge for the WASH team was the delay in finding a construction company for the rehabilitation and construction work. The process took much longer than planned, having started in December 2014 and finally ending in February 2015. The team was able to make up for this initial delay, with work being 70% complete.

V. Activities for the following quarter

Child Protection :

- Support and monitoring of children identified for case management
- Support and monitoring of youth IGAs
- Training of staff on lifeskills and initiate lifeskills sessions
- Continuation of awareness raising for community members on children's rights and protection

Gender Based Violence:

- Training of volunteers in Inchinanane on the basic concepts of GBV and case referral to IRC staff
- Training of volunteers and literacy promoters in Menaka on the basic concepts of GBV
- Identification of 3 groups of 25 girls for the set-up of a Girl Effect Group in Menaka
- Discussion groups with men
- Monitoring of GBV Case Management
- Identification and implementation of platform in Tabankort, Inchinane and Anouzegegne

WASH :

- Start of construction of water and sanitation infrastructure at the women's center in Menaka
- Finalization work on the water and sanitation infrastructure in the Douentza and Gao protection centers
- Training hygienists on the incineration of bio medical waste
- Monitoring water quality in intervention sites
- Training of water points management committees

Nutrition:

- IFYC training for health workers
- Identification/training and follow up of IFYC community groups in Menaka city
- Implementation of counseling center in the CSRef
- Awareness raising through local radio stations

Economic Recovery and Market Systems:

- Support IGAs of the 124 women in the VSLA groups of Menaka

